

# Montana Central Tumor Registry

## Newsletter



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

### MCTR Receives Silver Certification

This year was the 13th anniversary of the North American Association of Central Cancer Registry's Certification program. In November 2009, the MCTR submitted 1995-2007 data; 2007 was evaluated. Data is evaluated 23 months after the diagnosis year so registries have time to collect all data, perform edits, check for duplicates, and assure data is in good condition to be used for cancer statistics, surveillance, and national research projects. Participating in NAACCR's call for data enhances the value of our registry and is a good use of our data.

Two reasons why the MCTR submits data for evaluation are 1) to get recognized for excellence in registry data for completeness of case ascertainment, data quality, and timeliness of reporting; and 2) to receive feedback on where training needs may exist. Central registries must receive Silver or Gold certification to publish their data in the Cancer in North America (CINA) publication.

The Montana Central Tumor Registry received a Silver Certification for 2007 data. We missed receiving a Gold Certification by a hair—0.3% on completeness of case ascertainment.

Gold level was reached on completeness of information on age at diagnosis (0.0% unknown), sex (0.0% unknown), race (1.5% unknown), and state of residence (0.0% unknown), percent of death certificate only cases (2.9%), duplicate primary cases (0.0%), passing edits (100%), and timeliness of reporting (within 23 months of accession year).

Silver level was reached on completeness of case ascertainment. MCTR's measure was 94.7%; Gold level requires 95%. If one element of evaluation is silver, then the entire registry receives Silver.

Delayed reporting from hospitals can significantly impact the MCTR's level of certification. If one hospital is seriously behind, completeness of case ascertainment suffers. Or, if one facility cannot report race of individuals, the certification on race may suffer, as well.

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## Meet the Registrars



Katie Hassler (left) and Leslie Jensen (right)  
Central Montana Medical Center, Lewistown

### Katie

Hi, my name is Katie Hassler. After 30 years in Health Information Management and retiring twice, I am now the current Tumor Registrar at the Central Montana Medical Center (CMMC) in Lewistown.

I became an Accredited Record Technician in 1957. I retired from St. Joseph's Hospital after 9 ½ years to raise my family, my intended career. We moved to the farm in 1967. My husband Fred and I have been married for 50 years. We raised 4 children and now have 10 grandchildren and 2 great-grandchildren.

In 1977, I returned to work at Central Montana Hospital (CMH), now CMMC, to help out at home. I have had many hats, mainly as transcriptionist and coder. After 25 years, I retired in July 2002. I returned in December 2002 to help out in coding and then helped to get our Tumor Registry in compliance. I have enjoyed being the Tumor Registrar, a wonderful part-time job. I find it interesting, challenging and rewarding. When I retire, Leslie Jensen will be my replacement. She is a joy to work with, great help to me on the computer, and I know she will do a great job. I also appreciate the encouraging help from the gals in Helena.

### Leslie

Hello from Lewistown! My name is Leslie Jensen and I have worked at Central Montana Medical Center in the Health Information Management department in some capacity for 14 years. I started as a file clerk right out of high school and continued to come back and work during my college breaks. Then, in 2000, when one of the coders was leaving her position, I was approached and asked if I would be interested in becoming a coder. I had no idea what coding was but I tried it out and really enjoyed it. So, I switched gears and became a coder. I began my coding career as an outpatient record coder. In 2002 I became a Certified Coding Specialist (CCS). Then, that same year when Katie retired, I began coding and abstracting all of the inpatient records and when time allows I still code some ER, outpatient surgery and general outpatient records. In 2008 I finally finished my degree and passed the Registered Health Information Technician (RHIT) exam. As far as tumor registry goes, Katie is the registrar and I just help with computer issues at this point. I have a very general knowledge of how to abstract the tumor registry records but Katie does it all right now. Eventually when Katie "really" retires it will become another one of my jobs.

When I am not working, I am busy with my 2 daughters, Chelsea 7 and Kayla 3. I have also been married for 10 years to my husband, Jimmy. In our free time we enjoy camping, boating and just being outdoors.

## 2010 Conversion Coverage

Hospitals and Central Registries can now update software and convert to 2010 standards. Several Montana hospitals have converted. So far, no problems have turned up and the conversions have been successful.

The MCTR has also converted RMCDS software to the 2010 version and can receive all cases submitted from hospitals. All hospitals can continue to send data to the MCTR even if you have not converted. There is a software program available that will convert the old format to the new (version 12) NAACCR format. As long as your backup files are in the NAACCR format, we can process all incoming data.

Be reminded that new manuals are necessary for abstracting after the conversion:

- MCTR Abstracting Manual 2010 found at [www.cancer.mt.gov](http://www.cancer.mt.gov)
- Collaborative Staging version 2 found at <http://cancerstaging.org/cstage/schema/groups.html>
- Hematopoietic Database found at <http://seer.cancer.gov/tools/heme/index.html>
- Multiple Primary and Histology Coding Rules found at <http://www.seer.cancer.gov/tools/mphrules/download.html>
- AJCC Staging Manual 7th Edition found at <http://www.cancerstaging.org/stagingrelease.html>

## Certificate of Excellence Recipients

The following hospitals and Dermatology offices received a certificate for the 2010 Second Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Hospital	City
Dr. Philip Tallman	Billings
Dr. Dixon Robison	Butte
Dermatology Associates	Kalispell
Broadwater Health Center	Townsend
Bozeman Deaconess Hospital	Bozeman
Billings Clinic	Billings
St. Vincent Healthcare	Billings
Sletten Cancer Center	Great Falls
Fort Belknap IHS Hospital	Harlem
Yellowstone Pathology Institute	Billings



## Free Educational Opportunities at Your Convenience!

Pre-recorded **free** training webinars are available on the MCTR website at [www.cancer.mt.gov](http://www.cancer.mt.gov) (click on MT Central Tumor Registry) and are available for download and viewing. Each webinar is worth 3 Continuing Education credits! The webinars contain current and up-to-date training for abstracting and coding cases with the 2010 rules.

Quarterly, the MCTR will make available 2 or 3 webinars and will leave the webinars on the webpage for 3 months and then will make available 2 or 3 more.

Two webinars currently on the MCTR website are:

- Esophagus and Stomach Malignancies
- Lip and Oral Cancers

The zipped file contains the webinar, handouts, quizzes and answers, and a certificate of completion.

Steps to watch the webinar and earn your FREE CE's:

- Save the zipped file from the MCTR website and contact the MCTR for the password to unzip
- Download and install the Webex Player from <http://www.webex.com/downloadplayer.html>
- Read and agree to the Terms of Use Agreement (included in zipped package)
- Double click on the file with the extension \*.wrf
- Turn on your computer speakers to hear the presenters

### Q & A

**Question:** ID: 28135 11/13/2008

When coding mammosite radiation, we code as a single treatment but how do we code the date(s) of treatment if the radiation oncologist uses a date range?

**Answer:** Start and finish are the same dates with mammosite radiation, so use the start dates for both start and end dates.

**Question:** ID: 46169 10/8/2009

I am confused about coding mammosite and/or SAVI HDR brachytherapy for breast ca. Mammosite is delivered into a balloon inserted in the lumpectomy cavity and SAVI is delivered through a catheter also inserted into the lumpectomy cavity. Is this interstitial since it is in breast tissue or Intracavitary since it is in a lumpectomy cavity? Also, the radiation oncologists in our area always give start and end dates for this type of radiation as well as number of fractions and treatment dose. It seems we would be incorrectly portraying the patients treatment if did not code exactly what was done and instead coded start & end dates as the same date and dose as 88888 when we know exactly what was done. Should we really be ignoring the information we have in order to be more generic in the capture of radiation treatment?

**Answer:** The mammosite brachytherapy and SAVI HDR brachytherapy both performed via applicator inserted into the breast surgical cavity resulting from the removal of tumor. Code mammosite to brachytherapy 51 or 52 and SAVI HDR to 52. Code regional dose 88888 when brachytherapy (codes 50-62) administered to the patient. Count brachytherapy as a single treatment or fraction. Please follow FORDS instructions to be compliant with consistent coding.

**Source:** Commission on Cancer Inquiry and Response System <http://web.facs.org/coc/default.htm>